

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36220

DECEASED OCT 21 1952

318

1003

State File No. _____
Registrar's No. 9224

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 9224	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (In this place) 2 day			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			2049
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 5426 Sunshine Dr					
3. NAME OF DECEASED (Type or Print)		a. (First) Lillian		b. (Middle) Marie		c. (Last) Bruning		4. DATE OF DEATH (Month) (Day) (Year) Oct 2, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married		8. DATE OF BIRTH Apr 16, 1915		9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months Days	IF UNDER 2 YRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William H Gockel			13b. MOTHER'S MAIDEN NAME Lillian Damm			14. NAME OF HUSBAND OR WIFE Walter H Bruning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-2820600		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter H Bruning 5426 Sunshine					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lupus Erythematosus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7054					
22. I hereby certify that I attended the deceased from April 1943, to 10-2-1952, that I last saw the deceased alive on 10-2-1952, and that death occurred at 7:30 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. Bruning M.D.				23b. ADDRESS 5203 Chippewa			23c. DATE SIGNED 10-3-52		
24a. BURIAL, CREMATION, REMOVAL		24b. DATE 10/6/52		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton Mo.			
DATE REC'D BY LOCAL REG. OCT 6 1952		REGISTRAR'S SIGNATURE J. C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

SEP 28 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Neville B. Truitt*

Licensed Embalmer No. *3696*

P. O. Address *7027 Grassie*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.